

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-12-03.

### **I. DISPUTE**

Whether there should be reimbursement for CPT codes 99213MP, 97014 and 99215 rendered from 10-24-02 through 11-12-02 in the amount of \$375.00.

### **II. FINDINGS & RATIONALE**

The respondent denied reimbursement based upon "F – Not According to Treatment Guidelines." The requestor failed to submit medical records to support fee dispute and challenge insurance carrier's position per Rule 133.307(g)(3)(B). Therefore, reimbursement is not recommended.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code(s) 99213MP, 97014 and 99215.

The above Findings and Decision are hereby issued this 06th day of February 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division